

## Absentee Ballot Application

R.C. 3509.03

<b>Voter Name</b> Required	1	First _____	Middle _____
		Last _____	Suffix _____

<b>Date of Birth</b> Required	2	Date of Birth (do not write today's date here) _____	MM/DD/YYYY
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<b>Address at Which you are Registered to Vote</b> Required	3	Street Address (no P.O. boxes) _____	County _____
		City/Village _____	ZIP _____

<b>Mailing Address</b> Required only if you wish to have your ballot mailed to a different address than the address at which you're registered to vote.	4	Street Address (or P.O. box) _____
		City/Village _____
		State _____ ZIP _____

<b>Identification</b> Required  You must provide <b>ONE</b> of the following.	5	<input type="checkbox"/> Your Ohio driver's license number (2 letters followed by 6 numbers) _____ <b>OR</b>
		<input type="checkbox"/> Last four digits of your Social Security number _____ <b>OR</b>
		<input type="checkbox"/> Copy of a current and valid photo identification, military identification, or a current (within the last 12 months) utility bill, bank statement, government check, paycheck or other government document (other than a notice of voter registration mailed by a board of elections) that contains your name and current address.

<b>Election</b> Required  You must complete a separate application for each election.	6	Date of Election (do not write today's date here) _____	MM/DD/YYYY
		<input type="checkbox"/> <b>General Election</b>	<input type="checkbox"/> <b>Special Election</b>
		<input type="checkbox"/> <b>Primary Election</b> For a PARTISAN primary election only, you must choose the type of ballot:	
		<input type="checkbox"/> Political party ballot Name of Political Party _____	<input type="checkbox"/> Issues only ballot

<b>Affirmation</b> Required	7	<ul style="list-style-type: none"> <li>• I wish to have an absentee ballot mailed to me at the address listed above.</li> <li>• I understand this request must be received by my board of elections no later than noon on the Saturday before Election Day if by mail or by 2 p.m. the day before the election if in person.</li> <li>• I understand that if an absentee ballot is mailed to me and I change my mind and go to my polling place to vote on Election Day, I will be required to vote a provisional ballot that cannot be counted until at least 11 days after Election Day.</li> <li>• I understand that, if I do not provide the required information, my application cannot be processed.</li> <li>• <b>I hereby declare, under penalty of election falsification, that I am a qualified elector and the statements above are true.</b></li> </ul>
		<p>Signature X _____</p> <p>Today's Date _____</p> <p style="text-align: right;">MM/DD/YYYY</p>

To assist the board of election in contacting you in a timely manner if your application is incomplete, please provide the following information.

Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Mail To:

Franklin County Board of Elections  
Absentee Department  
PO Box 182111  
Columbus, OH 43218-2111